

implemented in individual centers before post data collection. Algorithms were evaluated by comparing contrast media wastage pre and post introduction of gadopentetate dimeglumine PBP. **RESULTS:** Following recommended optimal algorithm that included gadopentetate dimeglumine PBP, contrast media wastage was reduced from 7.5% of the total contrast media used to 5.8% ($p = 0.078$). The per-scan contrast media wastage became highly correlated with average number of daily scans ($\text{corr} = -0.8$) after introduction of PBP ($\text{corr} < 0.01$ before PBP). Our findings are consistent with a study conducted by Duke University Medical Center (DUMC) that showed significant cost savings using gadopentetate dimeglumine PBP in a large academic center. All centers in this study were smaller than DUMC, with annual contrast media usage between 8000 and 27,000 mLs. **CONCLUSION:** Using the time in motion methodology proved to be an effective tool in measuring MR contrast media wastage.

PMC8

CREATING KNOWLEDGE ABOUT ADVERSE DRUG REACTIONS: A CRITICAL ANALYSIS OF THE DANISH REPORTING SYSTEM FROM 1968 TO 2005

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OBJECTIVES: The purpose of this article was to explore knowledge created by the system, including how the collected data have been used to monitor the safety of licensed drugs. Nonakas theory of knowledge creation was used to discriminate between tacit and explicit knowledge. **METHODS:** Our analysis is based on data from the Danish reporting system for ADRs which was established in 1968. **RESULTS:** Totally 56,802 ADR case reports were received from 1968 to 2005. The analysis shows a rather stable number of ADR cases from 1980 with about 2000 reports per year. The distribution of cases into serious to non-serious ADRs has been one to four throughout the period under study but with large variations. Analysis of selected ADR cases shows that the system lacked potential to capture available knowledge. Consequently the ADR reports have been of limited value and significance in the process of creating scientific knowledge. **CONCLUSION:** Thus the analysis questions the way available data can become explicit as basis for legal actions knowledge, and whether all data can become knowledge, including who decides what knowledge is.

PMC9

DEVELOPMENT OF PHARMACOECONOMIC ANALYSIS IN THE RUSSIAN FEDERATION

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OBJECTIVES: To study literary data about pharmacoeconomic investigation published in Russian Federation and to analyse the dynamics and structures of available publications. **METHODS:** The screening of all pharmacoeconomic researches published in RF from 1995 to 2005, obtainable from database "Russian Medicine" GNCMB MMA. **RESULTS:** There are 236 sources were found and analysed in all. The growth trend from year to year since 1995 was clearly recognized. It is possible to divide all publications into three main groups: pharmacoeconomic investigations "properly" transacted in RF, using standard methods –65%, translation foreign researches into Russian –2% and researches, describes methods of pharmacoeconomic investigations –33%. Majority of publications was published in periodi-

cals (in journals –77%). Structure of published investigations was: monocenter –81%, multicenter Russian –14%, data about number of centers wasn't marked –4% and multicenter international—only 1%. Directedness of investigations was: retrospective (43%), prospective (25%), data about directedness wasn't marked –14%. Design of investigations was: randomized –25%, blind –2%, placebo-controlled –6% and in 67% data about number of centers wasn't marked. Between using methods of analysis were prevail "cost-of-illness" and "cost-effectiveness". Modeling used only in 43 investigations. In most cases (73%) only direct costs was discounted. Both direct and indirect costs discounted in 16% of investigations. In a number of cases authors didn't indicate kind of using costs. Between nosologic units more frequently found: cardiovascular—a third (64), then pulmonology, psychiatric, neurology disorders and public health organization. **CONCLUSION:** Pharmacoeconomics, as a scientific and practical direction of Russian health care, is developing successfully. Introduction in medical practice recommendation based on pharmacoeconomic analysis will promote optimization of pharmacotherapy due to denial of using ineffective and insecure drug, more active using new drugs with proven expediency of it's using, and rational spending of limited health care resources.

PMC10

RELIABILITY AND COMPLETENESS OF MEDICAID ENROLLMENT DATA: A COMPARATIVE ASSESSMENT OF SIX STATES

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OBJECTIVES: Medicaid administrative files are an important data source to study the impact and consequences of diseases and treatments. The quality of the information available in Medicaid enrollment data though has not been systematically assessed. We evaluated the quality of Medicaid demographic information for epidemiological and health services analysis by assessing variation across years. We also assessed the quality of SSN, differences in data quality across states, continuity and length of enrollment in the Medicaid program, and the quality of mortality information in Medicaid data. **METHODS:** We used Medicaid eligibility files from six states for the 5 year period from 1996 to 2000. We summarized the demographic characteristics across the six states, and estimated the percentage of people with missing, unknown and multiple entries for demographic characteristics. We also checked the continuity of enrollment in Medicaid by estimating the average length of enrollment and average number of episodes. We estimated percentage of records with missing SSN, multiple SSN for those enrolled for at least two years, or the same SSN across the different states. We also compared mortality information reported in the Medicaid database with death certificate data for one state. **RESULTS:** The results indicate that there are very few cases with missing date of birth or sex in any state. The availability of information on beneficiary race (range of unknown race from 1.1% to 6.9%) and the reporting of social security numbers (range of missing from 0.4% to 32.9%) though do vary substantially across the states. Using Medicaid data only, 31.7% of the deaths would not have been identified. **CONCLUSION:** Overall, Medicaid databases, enhanced with death certificate data, can provide high quality information for analysis. The quality of data available does vary across states and therefore particular attention should be placed in selecting appropriate states that will yield high quality data for analysis.